	PAIENI	APPLICATION Effec	Itive Octob			ion recor	RID		106	9	875	
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												
TOTAL CLAIMS 27						-		Έ	FEE		RATE	FEE
FC)R	•	NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	27minus 20=		* '7		X\$ 9)= .		OR	X\$18=	
NE	EPENDENT C	LAIMS	√ minus 3 =		° /		X43	<u></u>		OR	X86=	
AL	LTIPLE DEPE	NDENT CLAIM P	RESENT				+145					
If the difference in column 1 is less than zero, enter "0" in column 2									<u> </u>	OR	+290=	
		Laims as a		•		•	TOTA	AL	L	OR	TOTAL OTHER	TMAN
		(Column 1)		(Colun		(Column 3)	SMA		ENTITY	OR	SMALL	
AMENDMENIA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 27	Minus	± 0	77	=	X\$ 9	=		OR	X\$18=	.
	Independent	* 5	Minus	trú tr	4	= /	10 B	00	100 00	OR	X86=	
	FIRST PRESE	+145			OR	+290=						
1,12,17,27,28								18	10000	OP.	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS REMAINING		(Colum HIGHE NUMB	ST	(Column 3) PRESENT			ADDI-			ADDI-
	•	AFTER AMENDMENT		PREVIO PAID F		EXTRA	RATE		TIONAL FEE		RATE	TIONAL FEE
	Total		Minus	άά .		=	Ж\$ 9:	=		OR	X\$18=	
l	Independent	ATTATION OF ME	Minus	666 515517	O1 64114	=	X43=			OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=		OR	+290=	
Ar								AL EE		OR ,	TOTAL ADDIT. FEE	
_		(Column 1)		(Colum		(Column 3)						. }
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
ſ	Total	۵	Minus	00		=	X\$ 9=			OR	X\$18=	
	independent	φ .	Minus	900		=					X86=	
<u>[</u>	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		X43=	╬		OR	- V00=	
										OR	+290=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE TOTAL ADDIT. FEE										OR ,	TOTAL ODIT. FEE	
T	he "Highest Numi	ber Previously Paid	For" (Total or	Independen	t) is the	i उ. लाखा उ. highest number f	ound in the	appr	opriate box	in coh	ımn 1.	

Application or Docket Number